# Senegal

## Final Country Report

November 1999

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# *Acronyms*

| | |
|---|---|
| ACNM | American College of Nurse-Midwives |
| ADM | Agence du Développement Municipal (Agency for Municipality Development) |
| ANSFS | Association Nationale des Sage-Femmes Sénégalaises (National Association of Senegalese Midwives) |
| ASBEF | Association Sénégalaise de Bien-Etre Familiale (Senegalese Association of Family Welfare) |
| AVSC | AVSC International |
| BASICS | Basic Interventions for Child Survival Project |
| CA | Cooperating Agency |
| CADU | Comité Africaine pour le Développement Urbain |
| CBD | Community-Based Distribution |
| COGEP | Conseil en Gestion Etudes et Projets (Consultants in Management, Studies and Projects, Inc.) |
| CPR | Contraceptive Prevalence Rate |
| CQI | Continuous Quality Improvement |
| GTZ | German Technical Cooperation Organization |
| EQUIPE | Expanded Quality to Improve Program Effectiveness |
| FHI | Family Health International |
| FS | Field Support |
| FY | Fiscal Year |
| GOS | Government of Senegal |
| HIV/AIDS | Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome |
| HYGEA | Hygiene et Santé Publique (Hygiene and Public Health) |
| IEC | Information, Education, and Communication |
| IPPF | International Planned Parenthood Federation |
| JICA | Japanese International Cooperation Agency |
| KAP | Knowledge, Attitudes and Practice |
| LAM | Lactational Amenorrhea Method |
| MAMA | Méthode Allaitement Maternelle (LAM in French) |
| MAPS | Midwifery Association Partnerships for Sustainability |
| MCH | Maternal and Child Health |
| MIS | Management Information System |
| MOH | Ministry of Health |
| MOU | Memorandum of Understanding |
| MSH | Management Sciences for Health |
| NGO | Non-Governmental Organization |
| PAPF | Projet d'Alphabétisation Priorité de la Femme (Project to Prioritize Women's Literacy) |
| PCS | Population Communication Services Project |

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|---|---|
| PNPF | Programme National de Planification Familiale (National Family Planning Program) |
| RH | Reproductive Health |
| SANFAM | Santé de la Famille (Agency for Family Health) |
| SANFAM/BD | SANFAM Business Development |
| SDP | Service Delivery Point |
| SEATS | Family Planning Service Expansion and Technical Support Project |
| SERDHA | Service d'Etudes et de Récherche sur le Développement (Development Studies and Research Group) |
| SO | Strategic Objective |
| SOW | Scope of Work |
| STD | Sexually Transmitted Disease |
| UNFPA | United Nations Population Fund |
| UNIFEM | United Nations Fund for the Development of Women |
| USAID | United States Agency for International Development |
| VSC | Voluntary Surgical Contraception |

# I. PROJECT DATA

**SOAG Title and number:** n/a

**Contract/Institution:** John Snow Inc./SEATS II Project

**Contract Number:** CCP-C-00-94-00004-10

**Contract Date and Value:** January 30, 1995-January 29, 2000 (Contract ceiling amount of $54.4 million.)

**Duration of the SEATS project in Senegal:** August 1995- December 31, 1998

**Cumulative value of SEATS Senegal FS monies:** $1,850,000

FY95: $275,000

FY96: $650,000

FY97: $250,000

FY98: $700,000

**Cumulative value of SEATS non-FS monies:** $603,000

**Partner Organizations:** Municipalities of Dakar and Louga, SANFAM, ASBEF, ANSFS, PNPF, PAPF, COGEP, HYGEA, SERDHA, CADU.

**Host Country Institutions:** MOH, Ministry of Youth and Sports, Ministry of Family, Women, Children and Social Affairs, Ministry of Justice, Ministry of Education, Ministry of Basic Education and National Languages, Ministry of Cities, Ministry of Mines, Ministry of Agriculture, Ministry of Decentralization.

**Collaborating CAs/Donors:** ACNM, MSH, Population Council, JHPIEGO, AVSC, FHI, Futures Group, Africare, BASICS, Pathfinder, PCS, JICA, IPPF, World Bank, UNFPA, UNIFEM, World Education, GTZ, ADM.

# II. ACTIVITY SUMMARY

## *A. Purpose of the Contract*

SEATS' overall purpose is to expand the development of, access to, and use of quality family planning and other reproductive health services in currently underserved populations; and ensure that unmet demand for these services is addressed through the provision of appropriate financial, technical, and human resources. Worldwide, SEATS is committed to enhancing access to high quality reproductive health services either through expansion or development of new

models of service delivery. Through both subprojects and core activities, SEATS has addressed program and financial sustainability, training of subproject staff in management and planning, and institutional and service provider capacity building.

SEATS work in Senegal began in 1995. The overarching purpose of the SEATS Senegal program was to complement and add *flexibility* to the USAID bilateral program by adding a Cooperating Agency (CA) with a flexible mandate, proven skills and a focus on non-governmental organization (NGO) and commercial sector work, and a creative portfolio. This last criterion was displayed in SEATS' work through its Midwifery Association Partnerships for Sustainability Initiative, Women's Literacy Initiative, and community-based distribution and more. SEATS had the additional advantage of having a regional office located in Dakar, with a variety of staff skills, especially in specific medical and technical areas (for promotion and quality assurance in voluntary surgical contraception (VSC), Norplant, in working with youth and in community-based distribution (CBD). Thus, USAID/Senegal and the National Family Planning Program (PNPF) could access a variety of specialized consulting skills at relatively low cost due to their close proximity.

This purpose evolved over time as SEATS developed specific programs and eventually closed down its regional office, reduced its staff and opened a country office. The overall role of SEATS within USAID/Senegal's portfolio remained essentially the same: a low cost *programmatically flexible service delivery partner.*

SEATS implemented innovative approaches with the Ministry of Health (PNPF), the NGOs, and associations as well as with municipalities; all focused on expanding services, providing greater access, and improving services towards a client-focused and client-centered approach. These initiatives included family life education, work-based outreach services and community-based distribution of contraceptives, support for institutional development and strengthening of family planning management capacity, and a business management program for midwives [Midwifery Association Partnerships for Sustainability (MAPS)]. All of the activities were developed in continuous partnership with local implementing agencies/partners - Santé de la Famille (SANFAM), Association Sénégalaise de Bien-Etre Familiale (ASBEF), and Association Nationale des Sage-Femmes Sénégalaises (ANSFS).

SEATS' Urban Initiative activities will be used as an example throughout this report to illustrate the flexible, multi-functional purpose served by SEATS in Senegal. The Urban Initiative was not a specific part of what the Mission requested of SEATS, and no objectives were part of a formal agreement with the Mission. Rather, SEATS recognized a local need and pursued this with USAID who agreed that it was a useful addition to SEATS' portfolio in Senegal. The Urban Initiative activities were designed to gain political support from municipalities, while empowering them to expand reproductive health service delivery resources, to leverage funds from non-USAID sources, and to create mechanisms for increasing planning and capacity to meet growing demand for health and reproductive health

services. In addition, the Urban Initiative supported USAID's SO (Strategic Objective) for Democracy and Governance by supporting elected officials and assisting them in building relations with health sector authorities, local NGOs and communities.

During the past year (1997-98), two new major intervention areas were added to the SEATS Senegal portfolio: Continuous Quality Improvement (CQI) and SANFAM Business Development. The CQI program- known as EQUIPE in Senegal - is an innovative approach that focuses on continuous problem solving while emphasizing community involvement and mobilization as well as monitoring and evaluation for results. Sites were chosen from SEATS' local partner organizations to expand and build upon their previous quality experiences with the intent of making rapid improvements in quality and access to family planning and reproductive health and demand for these services. The SANFAM Business Development activities were a direct result of a request from USAID/Senegal to build upon SEATS' existing work with SANFAM to assist them in qualifying for PVO registration by improving their financial and management systems. This activity called for intense technical assistance in strategic planning, marketing, internal financial and management procedures, and identifying income-generating opportunities.

The following specific Strategic Objectives were developed by SEATS in cooperation with the USAID/Senegal Mission, Government of Senegal (GOS), and local partners:

1. To complement the efforts of USAID and the Programme National Planification Familiale with new and innovative programs that increase the access to and utilization of family planning services among specialized target groups by focusing on underserved geographic areas. Priorities included:

- *Family life education and services for youth living in the urban slum areas of Dakar;*
- *Work-based outreach services in four regions of Senegal;*
- *Community-based distribution of contraceptives in four rural regions where such services previously did not exist;*
- *Midwifery Association Partnerships for Sustainability Initiative promoting the development of midwifery networks to expand access to family planning and reproductive health services;*
- *Urban Initiative work to increase municipal capacity for planning, financing, and advocating for reproductive health service delivery in urban areas; and*
- *Women's Literacy Initiative activities to integrate reproductive health materials and information within the national literacy program.*

2. To foster programmatic sustainability of family planning programs by providing technical assistance to PNPF and other local partners in such areas as:

- *Updating and field testing of clinical training curricula for service providers, participation in a seminar held to update the Senegal Child Survival/Family Planning Project, participation in the development of a national quality assurance plan and assistance to SANFAM, ASBEF, and ANSFS to develop three-year subproject proposals that were submitted and approved for funding by USAID;*
- *MIS, Quality Assurance, clinical and IEC training, long-term and permanent family planning methods and health care financing;*
- *Development of a financial management systems and management information systems through short-term technical assistance and training of staff; and*
- *Institution building and sustainability.*

## B. How the Activity was Expected to Achieve Objectives

Based on the development of a SEATS Country Plan, with participation by USAID, public and private sector agencies and NGOs; and through, collaborative needs assessments, a blend of SEATS resources was identified and agreed upon to achieve the objectives, including the use of SEATS field and DC staff/consultants; training programs; opportunities for exchange (i.e., study tour to Mali); and getting local institutions together in workshop settings (quality, urban strategy, CBD). Memoranda of Understanding (MOU) and subproject documents with each partner institution specified what SEATS inputs would be and what expectations and commitments were agreed upon by the implementing agency.

SEATS initially focused its resources on providing technical assistance to local groups, including the bilateral program, and evolved to funding specific programs or subprojects. Early on, SEATS provided technical assistance in the area of voluntary surgical contraception. Similarly, SEATS coordinated activities related to youth and community-based distribution, especially in developing and executing training protocols for CBD. SEATS, through its partner American College of Nurse-Midwives (ACNM), took the lead in working with the Senegalese Midwifery Association. This had ramifications beyond the SEATS MAPS work: for example, USAID expressed its desire for midwives to take the lead in promoting and promulgating the standards and protocols which were developed under the bilateral and policy projects. Additionally, although little funding was available through USAID, SEATS coordinated multi-donor approaches to literacy and family planning efforts. Finally, with Africa Bureau funding, SEATS pioneered an innovative Urban Initiative which has achieved recognition throughout USAID's Africa Bureau.

SEATS' program in Senegal evolved from one of technical assistance to program and project development and implementation and institution building. Carrying

out with local partner institutions and organizations specific approaches and programs over time in Senegal allowed SEATS to contribute to and be responsive to USAID/Senegal's health and population results framework. Working directly with Senegalese institutions and collaborators through subproject mechanisms gave SEATS a path to introduce best practices in program design and development, and to work with these groups to address issues such as quality of care, sustainability, and capacity-building. Together SEATS' program activities with various local partner organizations directly contributed to USAID/Senegal's strategic objectives.

On various occasions, SEATS hosted the Minister of Health and other Senegalese health personnel during their Washington visits, and the SEATS Resident Advisor regularly played a quiet role in policy dialogue and technical discussions among donors, CAs and public and private groups in Senegal. SEATS staff made themselves available to USAID/Senegal in this way, and it is our impression that USAID/Senegal effectively used its various CAs in policy and programmatic dialogue.

As an example of a specific program activity area, SEATS expected to achieve the Urban Initiative objectives through information dissemination focused on reproductive health research and analysis, coalition building, and technical support in areas including program design and implementation planning, donor relations and presentation skills. The majority of technical support was provided by local researchers and consultants in collaboration with SEATS staff, thereby simultaneously improving local capacity in technical assistance resources and in municipalities. Local counterparts were expected to utilize these results by planning for activities to complement existing reproductive health projects and programs, gaining support and funding from other donors, and working in a coordinated way with all the partners implementing the District Health and Social Service Plan.

## *C. Critical Assumptions*

The major assumption for SEATS was that USAID was making a multi-year commitment to programs and technical assistance activities, even though funding was most often incremental and annual. Another assumption was that to the extent SEATS engaged in cross sectoral and general technical assistance (e.g. in VSC, policy dialogue, integration of family planning into Child Survival (CS) Private Voluntary Organization (PVO), etc., it contributed to the overall programmatic goals of USAID and the GOS, and that this was implicitly recognized by USAID. It was, of course, assumed that local partners had strong commitments to programs being initiated - a criterion for launching subprojects. In some cases, such assumptions did not prove to be valid (see Section IV, Part A.)

A favorable political climate for the resources and approaches offered by SEATS was also assumed, which was critical to the development of innovative service delivery activities around the country. Both GOS' and USAID's encouragement for

SEATS to work with all participants in the National Family Planning Program proved instrumental in developing the variety of program activities SEATS was able to offer.

SEATS is committed to not being responsible for recurrent costs under subprojects. SEATS usually does not pay salaries, infrastructure, commodities, etc. SEATS provides the technical assistance for new or expanded program development, training, business development, and occasional equipment procurement. In each subproject proposal partner organizations are asked to determine what their contributions will be. For example, the partnership with ASBEF (see Section III) exemplifies how a breakdown in this commitment negatively affects the work being carried out. SEATS is dependent upon full and active participation of partner institutions, and in the case of ASBEF, was not able to achieve the objectives of this subproject given a lack of follow through, cooperation and technical enthusiasm from this group, despite help from USAID/Senegal. The validity of critical assumptions is, by definition, necessary for the full implementation of what is mutually planned.

Each program area had detailed assumptions which guided its development and implementation. Returning to the example of the Urban Initiative, the model was based upon the following assumptions that:

- Dakar- and probably other Senegalese cities- possessed enough current, high quality data to be able to carry out an analysis of reproductive health service delivery and capacity much more rapidly and at a lower cost than original research would require;
- Elected officials and their staff can play a key role in expanding and improving family planning service delivery if adequately informed and supported to do so;
- Elected officials in many communities will form coalitions in order to improve health care for their communities;
- Elected officials and their partner organizations can and will propose activities and projects that donors will be able to fund to improve community-based IEC and service delivery; and
- Municipalities can and will provide funds to partially match those of donors and funding agencies.

Each program area/activity holds a similar set of specific assumptions which underlie the subproject or activity design and which can be reported in detail should USAID desire.

# III. PROGRAM PERFORMANCE

Since 1995, SEATS II has worked in direct partnership with four major Senegalese groups - Santé de la Famille (SANFAM), Association Sénégalese de Bien-Etre Familiale (ASBEF), Programme de Planification Familiale (PNPF), Association Nationale des Sage-Femmes Sénégalaises (ANSFS), and with the municipalities of

Dakar and Louga. The technical assistance and support provided to these entities has been funded through USAID/Senegal field support as well as core monies and Africa Bureau monies.

Over the last three years, SEATS II has complemented the efforts of the PNPF by working with groups and sectors not associated with the National Family Planning Program. SEATS II designed and implemented a varied and comprehensive set of programs in order to improve access to quality client-centered reproductive health services for different Senegalese target populations: youth, factory employees, residents of municipalities, the non-formal education sector and those who use services delivered by midwives. Through these interventions, SEATS II's objectives were to increase access, promote demand and improve the quality of reproductive health services.

In 1995, SEATS developed partnerships with SANFAM and ASBEF. By developing reproductive health programs in the private sector, SEATS II and SANFAM assisted some 40 companies to offer reproductive health services to their employees using community-based distribution, counseling, and IEC sessions in the workplace. These approaches were complemented by services offered by medical personnel in fixed health centers. SEATS II is particularly proud of the success of the youth program with ASBEF: one particular achievement of ASBEF's work is the provision of educational and reproductive health services to youth while attaining maximum support and participation of the parents - a first in Senegal.

In 1996 and 1997, SEATS II felt that its Special Initiatives targeting midwifery association development and municipalities were particularly suited to address the issues of access and demand creation. Through the Midwifery Association Partnerships for Sustainability Initiative, SEATS II developed a partnership with ANSFS in 1996 to strengthen the management and infrastructure of the association as well as introduce the delivery of reproductive health/family planning services. In 1997 SEATS began working in Senegal to introduce its Urban Initiative approaches to the municipalities of Dakar and Louga. SEATS enabled municipal leaders to better understand the challenges posed by reproductive health problems, to advocate for solutions, and to identify the resources to expand and improve services. Proposed solutions have been discussed to bring services to underserved clients, including urban youth. This initiative has resulted in a more transparent budgeting process in some communities which has promoted financial support for specific project proposals and increased community participation. An additional benefit of this initiative has been its role in strengthening opportunities for democracy and governance in the urban areas.

In 1998, a comprehensive program to address the improvement of continuous quality reproductive health services was developed in partnership with public and private reproductive health sectors, other Cooperating Agencies (CAs) and donors. Lastly, a recent effort was introduced in collaboration with World Education and the World Bank to integrate reproductive health messages into the national literacy program in Senegal.

## *A. SANFAM Business Developments*

Late in 1997, USAID requested that SEATS assist SANFAM to strengthen their financial management and lessen their dependence on USAID funding. The request resulted from SANFAM's failure to meet the registration requirements for USAID PVO funding. Although SEATS' previous experience indicated that turning a donor dependent organization into one which was self-reliant took more time than available (December 1997 - September 1998), it was agreed to undertake the activity with the understanding that SANFAM may be able to access additional support from USAID, post-SEATS if required. In December, SEATS facilitated a self-assessment of SANFAM's sustainability and developed a workplan for addressing the key constraints identified. SEATS identified a team of local consultants with specialties in finance, organizational development and marketing which worked closely with SANFAM over the remaining six months to collect data relating to these respective areas and apply the information to a strategic business plan.

### Achievements

The overall goal of SEATS assistance to SANFAM was to increase its capacity to sustain its reproductive health services resulting in SANFAM meeting the requirements to be registered as a PVO. Once becoming a PVO, SANFAM would be eligible to receive grants directly from USAID and other sources. Objectives which were achieved under SANFAM/BD include:

- Increased capacity of staff to plan, manage and monitor key activities;
- Increased understanding of demand for income generating activities;
- Improved use of data for management and financial decision-making;
- Strengthened strategic and financial planning capacity; and
- Created a strategic business plan resulting from technical assistance provided in institution building, marketing and financial management.

### Contributing Factors

The most important factor contributing to the attainment of the program's objectives was the willingness of SANFAM's staff to participate in new activities and perform the critical self assessment needed to develop a business plan. The eventual commitment of the SANFAM leadership to decreasing donor dependence was also critical. Without the leadership and staff commitment to attain self-sufficiency, the objectives could not have been reached, especially at the accelerated pace required. In addition, the availability and technical assistance of local consultants and SEATS staff with expertise in the critical areas (finance, management and marketing) also contributed to achieving program objectives. The SEATS consultants had a good understanding about SANFAM and the needs of the various businesses and industries that SANFAM works with, thereby facilitating the development of a SANFAM business plan. The results of this

business plan to date were funding from the World Bank and UNFPA to expand SANFAM's CBD program and reproductive health services into 20 new industries.

## Objectives not Achieved

The conditions to meet PVO registration status have not yet been achieved. Specifically, the requirement to earn sufficient local income to cover core operating costs and the need for strong financial management are still lacking. The remaining objectives that must still be met to help SANFAM achieve PVO registration include enhancing SANFAM's capacity to manage its finances and improve efficiency (cost effectiveness); attract additional non-USAID donor funds; and promote current and potential services and increase local income through sales to companies. These should be achieved through SANFAM's implementation of its business plan.

## Factors Contributung to Non-Attainment

The main barrier to accomplishing the objectives was insufficient time. The rapid shift from an organization dependent on donors for the last 10 years to one of near self-sufficiency does not allow for a natural process of adaptation and maturation. The time allowed to achieve such a major shift was insufficient. SEATS will continue to provide technical assistance to SANFAM through December 1998 to support their business plan implementation and attainment of the remaining objectives.

## Problems

One problem encountered was the initial resistance to change on the part of SANFAM's leadership. However, this was overcome by working through the data gathering and strategic thinking and planning process. The need for organizational change has been embraced by both SANFAM's leadership and staff.

## Resources

The resources allocated to SEATS were not sufficient to cover the initial capital costs of SANFAM's planned income generating activities. Specifically, SANFAM was interested in purchasing medicines and equipment which they would sell to their corporate partners for a profit which could subsidize their other operating costs.

## Sustainability

SEATS' business development support focused on the key issues related to SANFAM's future sustainability. SANFAM will continue to build their capacity to plan strategically, use data to better understand its clients and their demand for services, address identified problems and needs and choose future directions; all of which contribute to SANFAM's ability to sustain its services. Once SANFAM implements its business plan, it will be a stronger institution, less dependent on

donors, more self-sufficient and client-focused, and thus able to adapt to a changing environment.

## *B. SANFAM Community-based Distribution*

The CBD program was developed with SANFAM to increase access to reproductive health in the private sector. The program objectives were to:

- Introduce reproductive health/family planning into five enterprises and one rural community;
- Increase the CPR by 10% in the catchment area; and
- Involve enterprise leaders in supporting the CBD program.

### Achievements

- Seminar launching of the program in November 1995, attended by the 5 representatives of the enterprises and community leaders from the rural area;
- Study tour to Mali in December 1995;
- Completion of a KAP survey in July 1996 and the development of the IEC strategy and action plans;
- Training of 11 supervisors, 21 distributors, and 12 clinicians in the fields of counseling STDs;
- Purchase and provision of kits for all supervisors and distributors;
- Regular supervision of CBD agents (technical and logistical supervision);
- Condoms and spermicides integrated to essential drugs distributed in work places;
- Referral system established and operational; and
- KAP survey in June 1998 to determine success of the program and outline next steps.

### Contributing Factors

- Active involvement of the members of the hygiene and health committee;
- Organization of regular and well-received IEC sessions (focus groups, counseling, conferences, video projections, etc.) within the enterprises;
- Active involvement of the CBD agents in the organization of ceremonies nationwide during special events such as: World AIDS Day, World Population Day, the Women's Fortnight, the Hygiene Fortnight, Open Door days, etc.;
- Reproductive health experience and professionalism of SANFAM staff;
- Regular supervision of the CBD agents;

- CBD program as an innovative reproductive health services approach appealing to the workers. (It is uncommon for workers to have services in their work place. This new approach was enthusiastically received); and
- Relationship between SANFAM and SEATS in the preparation and implementation of the CBD program was a model of collaboration for the success of the program.

## Objectives not Achieved

Despite the leaders' promises at the beginning of the program to give support to the CBD agents, only two enterprises out of six have demonstrated their commitment by providing the CBD agents with tangible assistance (such as sugar boxes, bags, oil, etc). Lack of an incentive system for the CBD agents at the individual business level can affect the continuity and the sustainability of the program.

## Factors Contributing to Non-Attainment

The lack of involvement of some business leaders in the program's implementation can be explained by their fear of becoming financially involved. Many are facing financial problems within their own enterprises. Recruiting and paying employees to serve full time in the CBD program is not yet their priority. Also, it takes time to convince business leaders of what they will gain by implementing and supporting a comprehensive CBD program within their companies, e.g. improvement of staff morale, higher productivity, decreased absenteeism, less attrition, etc. Another factor influencing non-attainment of objectives was that clinical staff were often not closely linked to the activities of the CBD workers. CBD workers were also not well aware of the clinical services and staff of their referral sites.

## Problems

The CBD agents were identified among the existing industry workers and in some businesses were not allowed to do CBD activities full time. This affected the implementation of the responsibilities of some of the CBD agents. Some CBD agents, despite lack of support from managers to provide them with transport, used their own means to visit villages. Unfortunately, they cannot sustain this personal financial initiative in the long term.

## Resources

Resources allocated to this program were insufficient. The business leaders provided commitments at the beginning of the program to pay transportation of CBD agents but did not follow through. This attitude explains why the CBD agents did not often visit the villages in their catchment areas regularly.

**Sustainability**

Sustainability of this program depends on establishing an incentive system for the CBD agents. In fact, SANFAM needs to sign performance-based contracts with the businesses to continue providing technical assistance. Contracts will include commitment of the businesses to financially and technically support the CBD agents.

## *C. ASBEF Youth*

The ASBEF Youth subproject was designed to provide increased and improved reproductive health services and information to troubled and disadvantaged youth. The program focused on community participation, supervision and outreach by ASBEF and the establishment of a young adult community center.

**Achievements**

- Support for a multifaceted vocational training center for troubled youth;
- Program oversight by three committees: the Advisory Committee, the Management Committee and a Technical Committee;
- Training of 22 peer motivators in charge of educational and contraceptive distribution activities in the community and within the classrooms, and 7 supervisors and 2 coordinators to support the peer motivators and assure the provision of counseling and clinical services to the young adults. Also, 13 teachers received training to integrate reproductive health into their curricula and activities;
- Service provision by the peer motivators to 300 young adults living in the center and more than 100,000 in the community, including IEC and counseling, clinical services and referrals to other health centers as needed;
- Appropriate IEC materials designed and developed to support the IEC activities and the literacy program for young adults;
- Provision of much needed assistance to prevent unwanted pregnancies and reduce the STD incidence and prevalence within the Center's youth population;
- Increased financial support from the GOS to the Center and the addition of two teachers to reinforce the staff; and
- Regional dissemination of the model to African countries, such as Gabon, Cote d'Ivoire and Mali, which sent young adults to the Center to receive training.

**Contributing Factors**

- Commitment and active participation of the parents and teachers - their approval of reproductive health activities;
- The young people who were the peers of the subproject already exposed to the negative impact of reproductive health problems (unwanted pregnancies, infanticides, STDs, etc.);

- Community involvement and participation in the program;
- Condom and spermicide distribution network that reaches youth where they live; and
- Interest and support of NGOs/international donors.

## Objectives not Achieved

- Full involvement of the local partner (ASBEF);
- Regular supervision by ASBEF personnel and the supervisors of the peer educators in the community; and
- Creation of a sustainable motivational system.

## Factors Contributing to Non-Attainment

- Insufficient institutional support from ASBEF
- Insufficient time devoted to the activity in the community;
- Limited number of peer motivators to cover the catchment area;
- Level of training/limited credibility of the peer educators; and
- Insufficient transportation and logistical support provided to peer educators.

## Problems

- Local partner (ASBEF) was not fully committed to manage, supervise and monitor the program;
- MIS system it took a long extensive time to develop, thereby delaying the use of the MIS tools at the peer motivators level;
- Launching of the program was delayed due to the non scheduled renovation of the Center's classrooms; and
- Motivation and sustainability of peer educators were always a challenge.

## Resources

Financial resources allocated were sufficient to cover the program needs. The GOS and the German Technical Assistance Organization (GTZ) assisted the Center during the first and last phases of the program by financing IEC materials and the qualitative study. ASBEF, however, did not provide sufficient institutional support to assure success or sustainability of the program such as human resources, supervisors, and logistical support to peer educators.

## Sustainability

Each peer educators' group only spends three years at the juvenile center, and then a new cohort is assigned to the center. This impacts on the sustainability of the program since a new peer motivator group must be trained every 2-3 years. However, the peer educators reside in the neighboring communities; although they leave the Center at the end of their term, they still retain a great interest in the

work being carried out at the Center. The staff are currently examining income-generation activities for current and prior residents of the Center. In addition, there is a Supervisory and Management Board along with an Advisory Committee, comprised of a parent association, that works with the Center's staff and teachers on an on-going basis.

## *D. Urban Initiative*

The Urban Initiative was launched in mid-1997; the following stages provide a framework for its impact in Senegal:

- Stage I: Research and Outreach

  ***Initial contact was made with municipal officials, representatives from the private health sector, reproductive health experts, NGO's, and special interest groups, to promote interest and begin building support. Three local institutions conducted secondary analysis of existing research and some additional qualitative primary research, with guidance from SEATS. The goal was to obtain a comprehensive picture of all services, private and public, offered in greater Dakar and Louga. A special focus area- youth - received additional attention.***

- Stage II: The First Workshop

  ***The research findings were presented by Senegalese researchers and program staff to municipal officials, urban leaders, and donor and private sector representatives, who then became part of working groups. Based on the information presented and their own expertise, the groups then collaborated to produce draft action plans which included priority reproductive health problems, proposed solutions, and further research needs.***

- Stage III: Finalization of Workplans

  ***The working groups determined additional data and data analysis needs, and collaborated with researchers and SEATS to complete this work. Groups received facilitation and technical support as needed to complete their workplans and to meet with potential funders and partner groups in their localities.***

- Stage IV: Coalition Building and Second Workshop

  ***Selected donors and partner organizations were invited to attend the presentations of the workplans and offer advice as well as support for their implementation. Round-table discussions between donors and municipal officials resulted in better understanding of procedures for accessing available resources and improving the quality of the project plans. Follow-up mechanisms were determined before the end of the workshop, and municipal officials took on the primary responsibility for future group activities. The Mayor's Urban Initiative Group was created.***

- Stage V: Project Implementation

  ***Individual municipalities and working groups implement their plans, using their own resources supplemented by those from donors, municipal development loans, and NGO partnerships. Currently, one municipality is implementing with non-USAID funds, and ten small grants from SEATS are assisting other municipalities to implement activities to complement on-going reproductive health service delivery programs. SEATS continues to provide facilitation to the Mayor's Group as requested.***

## Achievements

After only one year (1997-1998), the following achievements can be noted:

1. Leveraging Non-USAID Funds and Technical Success

- Leveraging from mayoral funds is a precondition for SEATS funding, and has become internalized within some mayoral districts, with an average leveraging of 35% provided for the ten seed grant applications received to date.
- Pikine Ouest's action plan- developed by their mayoral team under the Urban Initiative- has become the first to receive non-USAID financing. Funding from GTZ, is approximately $95,000 US, with additional funds and in kind contributions coming from Pikine Ouest.
- Consolidated projects, which describe in detail the current context and future plans for reproductive health activities, have been received from 8 mayoral communes. These projects are ready for presentation to other donors, and the Mayor's Urban Initiative Group is working with SEATS to set up meetings with other donors.
- Coordination with other organizations providing support to elected officials is improving, as is community participation. Together these in turn support democratic institution building and accountability.

2. Mayoral Ownership of the Work

- Urban Initiative Group (previously called the Mayor's Follow-up Committee) has formalized their structure, elected officers, and agreed upon a scope of work. The group has developed donor relations, assisted in launching activities, and coordinated support to the municipalities. They work with SEATS and the local technical assistance group, COGEP, to coordinate technical support to the mayoral districts.
- Support from the Grand Mayor of Dakar has been gained, including a commitment to assist the Mayor's Urban Initiative Group with material needs.

3. Replicability

- The success of this work in Senegal has led to a plan for replication in Guinea; funding has been obtained, from the local USAID/Senegal Mission and implementation planning begun.
- The Urban Initiative 'approach' developed for Senegal is applicable to all development sectors; mayors and their technical advisors are planning to utilize it in other sectors to analyze current issues and develop project frameworks.

4. Contributing Factors

- Regular contact with mayoral districts by SEATS, local consultants and mayoral representatives;
- TA to design projects and prepare presentations for donors;

- Funding from USAID for small seed grants;
- Enthusiasm of mayors and their staff, and their acceptance of responsibility to work with donors and gain their support; and
- Excellent local technical support.

5. Objectives Not Achieved

   All planned outcomes have been achieved to date.

6. Factors Contributing to Non-Attainment

   Not Applicable

7. Problems

   The only significant problem encountered in implementing planned Urban Initiative activities was the need for substantially more technical support to the researchers than originally anticipated. SEATS provided some of this with assistance from other local consultants.

8. Resources

   SEATS has provided 80% of the funding for Urban Initiative activities to date from Africa Bureau and other regional sources. Resource constraints have not been an issue. However, the precipitous closing out of activities in Senegal has inhibited our ability to plan for the needed activities to build on current successes and expand to other cities.

9. Sustainability

   Limited Urban Initiative support activities will continue until December 1998. SEATS is not yet able to gauge whether or not the activities supporting the mayors will be self sustaining. The seed grant activities are currently being implemented, and these are designed to assist the municipalities in bringing in additional funds from other sources. Long-term sustainability would require at least another full twelve months of technical support to mayoral teams, during which skills would become more fully institutionalized and donor relations further improved.

## *E. Midwifery Association Partnerships for Sustainability*

**Achievements**

- Eight trainers trained in MAMA (LAM);
- One hundred midwives, nurses, and health workers trained in LAM;

- Follow-up/supervision visits to 100 trainees in LAM;
- Membership survey of 90% of ANSFS members;
- Membership data computerized;
- Thirteen improved service delivery points (SDPs) in Dakar and Thies;
- Three ANSFS leaders trained in Quality reproductive health Services;
- Two ANSFS leaders trained in Sustainability;
- Revision of ANSFS Strategic Plan;
- Launching of ANSFS clinic;
- Basic Business Management workshop for 8 ANSFS leaders;
- Five ANSFS staff and leaders trained for computer use (word processing, spreadsheets, and/or database management);
- Procurement of computer and office furniture for ANSFS; and
- Procurement of minimal equipment for ANSFS clinic.

When SEATS began to work with ANSFS several years ago, it was a fledgling association with very little maturity in association management, strategic planning and membership services. At the end of two years of SEATS technical assistance, ANSFS better understands the functions and responsibilities of the association and has a vision of how to respond more effectively to its members. ANSFS has become more receptive to reproductive health; has opened its own model clinic at which it offers reproductive health services to its own clients; and has introduced innovations such as evening hours in Senegal. Most importantly, the association has a better awareness of donors and potential partners to better support future program areas.

## Contributing Factors

Overall, the following three factors were essential to the subproject's success:

- Commitment of a core group of members from the implementing agency. Several midwives from among ANSFS leaders and membership were persistent in their resolve to contribute to the growth and progress of the Association;
- Expertise of MAPS consultant. Though short-lived, the technical and administrative assistance of the local MAPS consultant played a significant role in the launching of this program and the facilitation of start-up activities. Her experience in project management and her multi-lingual skills enabled her to advise the Association on many issues related to program implementation and effectively communicate with the SEATS MAPS Advisor; and
- ANSFS had not fulfilled the subproject objectives in the original one-year time frame; however, the commitment to the development of the Association was of significant importance to SEATS. The MAPS Technical Advisor and the SEATS/Senegal office worked with ANSFS to extend the program and develop an appropriate workplan and budget.

## Objectives not Achieved

The overall objectives were achieved during the life of the subproject. The development of a family planning training data base tool and training plan was not completed as planned but, since ANSFS' priorities shifted during the life of the subproject, not completing this activity, did not affect the attainment of overall objectives.

## Factors Contributing to Non-Attainment

The information needed to develop the training tool was to be obtained during the membership survey which was carried out early in the subproject. The survey did not contain adequate information needed to develop an appropriate database and training plan.

## Problems

The following problems, challenges and related consequences emerged during the course of the subproject:

- Unexpected resignation of MAPS local consultant during the first quarter of the subproject. Due to ANSFS' lack of experience in project management, delays in implementation of activities, including report writing, resulted. SEATS/Senegal worked with ANSFS for several months to identify an appropriate consultant.
- Insufficient support. During the absence of a local project coordinator, the Association had to depend heavily upon assistance from the SEATS/Senegal office which was beyond its means to provide. Reviews of technical reports were done with the assistance of French-speaking staff at the SEATS/Washington office. Although TA from the SEATS/Senegal office was made available to the Association, an individual specifically responsible for MAPS was necessary.
- Disadvantages associated with being the only MAPS project in a francophone country. There were missed opportunities for regional (African) linkages with anglophone MAPS midwives (i.e. conferences and information sharing). Most of these problems were avoided in the early stages of the project by hiring a bi-lingual MAPS consultant. Despite extensive efforts to respond to and resolve these problems, only limited solutions to the language barrier were identified.
- ANSFS bureaucracy and leadership. The full Board (20 members) is required to make most decisions. For this subproject, the President (in office since 1980) had considerable managerial control over the subproject program. This sometimes delayed activities due to her frequent international travel. ANSFS has been reminded of the need to adhere to its constitution and hold election of officers every two years.

## Resources

The human and financial resources required for this subproject were determined at the time the proposal was submitted. Necessary line-item adjustments were made as appropriate. When the workplan was modified, the funding was extended beyond the original subproject period. Problems with consultant assistance are explained above.

## Sustainability

Several activities were planned to address sustainability so ANSFS should have little difficulty continuing them beyond the life of the subproject. Major activities are:

- In view of shrinking donor resources, ANSFS needs to regularly update their Income Generation Plan, which should include strategies for decreasing dependency on donor funds. Currently, the Association-operated clinic has greatest potential for generating revenue.
- Following the business management workshop and organizational analysis, the Association needs to make the implementation of recommended activities a priority and consider having regular staff to handle day-to day operations. Key priorities are:
  - Strengthen capacity to manage current/future activities and projects;
  - Increase number of active members;
  - Attract new members;
  - Create a communication link between leaders and membership;
  - Attract experienced, sound leadership; and
  - Position the association to advocate for MCH policies at the national level.

## *F. Quality*

In Senegal, the SEATS-initiated quality approach is entitled EQUIPE (Expanded Quality to Improve Program Effectiveness). EQUIPE combines the components of USAID's Maximizing Access and Quality (MAQ) initiative, components and indicators based on the Bruce framework, and cutting-edge techniques from Continuous Quality Improvement (CQI) into a single initiative for improving access and quality. EQUIPE's goal and objectives, which aim for rapid improvement in quality and access to family planning/reproductive health and increased demand for these services, emphasize a team-based approach promoting collaboration between service delivery sites, referral sites, and the communities they serve. This expansion of the traditional quality improvement team with tangible participation and inputs from the community helps ensure that quality is both client-focused and broadly understood, contributing to the overall achievement of EQUIPE's goal and objectives.

EQUIPE confronts problems close to clients and tests solutions suited to local conditions, with a focus on sustainability. Service site staff and communities work together to identify and make quality improvements using standardized tools and techniques. They measure the outcomes and impact of their interventions according to key indicators at the service site, community and individual client levels, and, ultimately, with regard to family planning acceptance and continuation.

The EQUIPE quality improvement initiative has become a national level initiative for quality improvement in Senegal, bringing together PNPF, ASBEF, and SANFAM, as well as other USAID Cooperating Agencies, MSH and AVSC, in a concerted cohesive approach. Initiated in May 1998, EQUIPE aims for preliminary positive results at service sites and community levels within three to five months, and with sustained improvement of quality and increases in service improvements within one year. Accordingly, EQUIPE teams established at participating sites have prioritized problems and opportunities for their improvement, designed action plans, and selected intermediate and long-term indicators to monitor continuously. Preliminary analysis of EQUIPE's impact on service utilization should be measured after one year, as originally planned.

### Achievements

- Development of data collection tools to both facilitate site selection and to gather baseline data on the catchment areas being served by participating sites;
- Focus group research on client perceptions: expectations and levels of satisfaction with quality of services;
- Collection of baseline data from participating sites;
- Development of a form for selecting, monitoring, and tracking indicators on a quarterly for participating sites;
- Curriculum development for the initial workshop/orientation meeting;

- First workshop/orientation meeting with 7 sites participating: site-level quality improvement action plans developed;
- Site-based consensus and skill building of other service providers, managers and community agents and leaders by those trained in the initial orientation and SEATS consultant; formation of site-based quality teams including community agents;
- Collection of catchment-area-specific data on client perspective and service site problems by EQUIPE teams; prioritization of improvements to be made (including: decrease in drop-outs/clients not returning for appropriate follow-up visits; improved organization of clinic files; improved infection prevention; improved reception of family planning clients; improvement in client flow and reduction in waiting times; and collection and/or increase use of information on client satisfaction);
- Increased community participation at participating sites; and
- Development of monitoring plans which assess progress and service delivery coverage.

## Contributing Factors

The key factors in EQUIPE's attainment of its achievements to date will continue to be important throughout the coming year as the initiative is implemented and the results analyzed. These include:

- Desire for change on the part of service providers and managers to improve the effectiveness and results of their routine service functions and quality improvement efforts;
- Consensus and team building among service providers, managers and community leaders and agents for the EQUIPE approach before the process of improvements begins (including roll-out training and technical assistance for quality improvement within all participating sites);
- Strong commitment from service sites and communities to work together to improve quality and access;
- Willingness and skills to test improvement innovations, apply best practices, and use on an on-going basis for measurement;
- Commitment to identify and test changes rapidly at the service site level, especially in management and client-focused areas, without additional external resources; and
- Consistent technical assistance, skill building and support to newly established EQUIPE teams to use improvement tools, test and measure outcomes, and conduct on-going monitoring (this support will taper down over time).

## Objectives not Achieved

All objectives scheduled to be completed to date have been achieved. Given the short time frame since the launch of EQUIPE (late May 1998), these are

necessarily process and output-oriented, including the collection of formative data, the orientation and training of staff at participating sites, the establishment of links with community agents, the development of quality improvement action plans, and the selection of monitoring indicators.

It is too early for EQUIPE to demonstrate measurable impact in terms of its long-term objectives (e.g.: sustainable management improvements; monitoring of quality on an on-going basis) or outcomes (e.g.: increased client satisfaction; increase in family planning use). Other SEATS' worldwide experience in quality improvement indicates that four to six months is an appropriate time frame for seeing and measuring initial outcomes, while 12 to 15 months is appropriate for beginning to analyze impact. SEATS is planning to do so according to EQUIPE's original plan.

## Factors Contributing to Non-Attainment

Premature termination of the program by the USAID/Senegal Mission is the principal factor which could inhibit successful completion and/or progress in this effort. In addition, lack of coordinated decision-making at the local level inhibits progress.

## Problems

- Due to lack of previous experience and skills, personnel at service sites lack confidence and systems for data-driven program management and have difficulty developing monitoring plans;
- Local authorities are not always willing to provide needed collaboration in planning, resource allocation, monitoring, etc.; and
- EQUIPE teams are still uncertain how to plan community mobilization activities.

## Resources

Issues of resource availability and allocation include:

- SEATS core monies have supported the launch and implementation of EQUIPE, including a commitment of $100,000 in core funds from the Office of Population specifically for this initiative.
- Inadequate staffing at referral centers of PNPF (numbers and categories of personnel do not match work load);
- Inadequate equipment and space to meet service requirements;
- Lack of financial support from health committees to assist service sites address quality problems; and
- Insufficient time for SEATS to facilitate coordination with local administration for adequate budget/resource allocation.

**Sustainability**

The following recommendations should be addressed to increase chances of continuing institutionalization and sustainability of this effort:

- The highest priorities in the near term are to provide follow-up support at the field level and to re-convene participating sites and partners for a meeting to review progress to date and to renew commitment to this approach. This meeting should be focused on lessons learned to date and planning for additional problem-solving and improvements by established teams. Given the active role being played by an experienced Senegalese consultant and the involvement of local partners, field level program support is proceeding in accordance with plans.
- To assure sustainability in the long-term, ongoing support by USAID and others will be needed throughout the next year in training and technical assistance follow-up visits to continue and reinforce service site and community collaboration, application of skills acquired, the analysis of information collected through monitoring, and the measurement of impact. The Office of Population expressed concern that the abbreviated time frame would not allow adequate implementation and measurement of outcomes and impact.
- Documentation of results will be needed to engage in leveraging of other donor resources.
- GOS must address the problems that are identified and which frustrate providers and clients; and must promote and encourage creating on-site problem solving and decision-making.

## *G. Women's Literacy Initiative*

In the past three years, the Government of Senegal has made significant gains in increasing educational opportunities for women in both rural and urban areas through the implementation of the Projet d'Alphabétisation Priorité de la Femme (PAPF), which is financed by the World Bank. The program covers four major geographic areas and is implemented by nearly 70 nongovernmental organizations, ethnic and peasant associations and community-based organizations. Few of these programs use materials which make a clear link between the development of literacy skills and the provision of literacy class participants with information which will help them make more informed decisions about their reproductive health and, at the same time, address the growing threat of sexually transmitted diseases including HIV/AIDS.

In 1997, planning of a collaborative activity began between World Education, SEATS/Dakar and PAPF for a three-week materials development workshop. The partners planned to work with Senegalese NGOs involved in the PAPF Project to develop two literacy modules, one on reproductive health and the other on HIV/AIDS and STDS. All materials developed were to be in national languages,

thus making them accessible to a wider range of NGOs participating in the PAPF Project.

## Achievements

Using SEATS Core funds to support the initial workshop, the program has achieved the following:

- Initial Materials Development Workshop. The materials development workshop was held in March 1998 in Dakar, with staff from three participating NGOs, staff from the Direction d'Alphabétisation from the Ministry of Basic Education and National Languages, and health and technical resource people. Drafts of each lesson were finalized in Wolof, Pulaar and Pulaar Fulbe, and prepared by PAPF for field testing in existing NGO literacy programs.

As a result of this activity, a total of 21 persons was trained in an innovative materials development process. The resulting modules contain lessons which include facilitators' materials, learner materials and teaching aids. The collaboration around materials development leveraged other major contributions to the activity: NGO commitment to use the draft materials in existing programs; PAPF commitment to finance literacy programs in which the materials were to be field tested; and most importantly, the recognition of the importance of bringing reproductive health messages into literacy instruction. In addition, each module contains an IEC component in which learners in the literacy programs are engaged in the development of strategies to share what they have learned in the literacy class with the larger community in which they live.

- Field Test Preparations. A workshop was organized from April 14-29, 1998 to train literacy facilitators from each of the three NGOs which had participated in the materials development workshop in the use of the two literacy modules. This training began with a two-day module on HIV/AIDS and Development to create a deeper awareness among NGO staff of the critical need to address HIV/AIDS and STDS at the community level through educational activities.

Staff from each of the three participating NGOs trained during the April workshop will constitute the core team of trainers for the future dissemination of the literacy modules. Staff from PAPF and local World Education staff and trainers were trained to provide follow-up monitoring and supervision activities in the field.

- Field Testing of the Reproductive Health and STDS and HIV/AIDS Modules. The materials developed in the March 1998 workshop are being field tested in 30 classes, ten per participating NGOs. It is estimated that between 800 and 900 learners are involved in those 30 classes.

## Future Plans

A materials revision workshop took place in September 1998 in Dakar. The objectives of the workshop were to bring NGO field staff from the three sites together to discuss each NGO's experience in using the two literacy modules and to suggest necessary revisions for each of the modules. The workshop provided an

opportunity to discuss not only the content of the modules but methodological, local language and social issues related to the content of the modules. Each NGO was represented by a supervisor, a monitor and a facilitator. Other workshop staff included the two reproductive health specialist who participated in the development of the original modules, PAPF staff, staff from the Ministry of Basic Education and National Languages and World Education consultants.

Workshop discussions resulted in recommendations for revisions in the modules. Revisions will be completed by the end of September and the modules will become available for wider use within the PAPF Project, where the demand is already high for the new modules. In the "expansion of use of the modules phase", PAPF staff and staff from the three participating NGOs will provide training to other NGOs interested in using the modules as part of their PAPF-funded literacy programming. PAPF will provide NGOs with funding to organize literacy programs and to continue existing programs. World Education consultants in Senegal will provide continued oversight during the next phase of the activity as new NGOs become involved in the use of the modules. This later stage of World Education involvement will be funded by PAPF and private funds.

World Education anticipates holding a "reflection workshop" in early 1999 which will bring together field staff from each of the NGOs which have used the two reproductive health literacy modules. The purpose of that meeting will be to assess the effectiveness of the modules (content, methodology and local language issues) in communicating reproductive health messages to learners with low levels of literacy. In particular, PAPF and World Education are interested in the outcomes of the IEC or community participation component of each lesson in an ongoing effort to develop new ways in which communities can take charge of their own learning.

# IV. ASSESSMENT

## *A. SEATS' Performance*

In nearly all six major program components, SEATS successfully met the implementation objectives. In each program area, mechanisms were established for continuous monitoring (i.e., business leaders' committee, supervisory board, monthly meetings with SANFAM, etc.), to ensure progress on technical targets and objectives.

A major drawback, however, to expanding and maximizing successful achievement of objectives was that SEATS was never able to do long term planning, since field support funds were received annually - often 6 months after SEATS had run out of funds. It was difficult to move ahead in program implementation since SEATS was uncertain whether funds were going to come from the USAID Mission for the next fiscal year. The majority of the SEATS Project FS monies is given for multiple year funding. This allows the project to realistically program for 3-4 years and design activities and appropriate technical assistance to be carried out over a period of time sufficient to show results. The CA and the local partner organizations need to be confident that the financial resources are available to address medium term needs.

A summary of SEATS' performance is given below. These ratings are based on program accomplishments measured against objectives that were established for each activity. The ratings are: (1) failed to meet objectives; (2) met objectives; (3) exceeded objectives; + with core, Africa Bureau or other donor or supplemental funding.

| SEATS Senegal Program | Rating |
|---|---|
| SANFAM | 3 |
| ASBEF | 1 |
| Urban | 3+ |
| MAPS | 2+ |
| Quality | 3+ |
| Literacy | 2+ |
| PNPF | 1 |

Overall, SEATS did extremely well in meeting or exceeding objectives. This is especially remarkable given the large number and diversity of activities undertaken by SEATS, and the relatively small level of resources (especially human resources/TA) allocated to the composite program. In the above chart SEATS has given a rating of 1 to the ASBEF program. ASBEF had limited staff to implement the youth program and seemed at times unwilling or even uninterested to address the issues facing its youth program. After providing training to the youth peer educators, ASBEF staff did not provide follow-up, monitoring or supervision of the program activities. ASBEF did not submit the required quarterly technical reports to the SEATS Project. In addition, the National Family Planning Program of Senegal, PNPF, received a rating of 1. The CBD subproject program that SEATS developed in collaboration with PNPF was never implemented. In addition, SEATS was disappointed that PNPF which is in charge of executing national family planning policy in Senegal never monitored any of the SEATS

program activities in Senegal despite invitations by SEATS' local partner organizations.

In contrast, the Urban Initiative exceeded its objectives, reflected by the fact that there was already leveraging of non-USAID funds taking place within the first year of implementation. In addition, the Mayor's Urban Initiative Group has functioned with no funding from SEATS, and more than a 50% participation rate of invited mayoral districts has been maintained.

## *B. SEATS' Strengths and Weaknesses*

### Strengths

Being a service delivery CA with broad technical expertise, JSI/SEATS has the capacity to identify and provide a wide range of appropriate technical resources. The overall SEATS mandate was an excellent match with and was responsive to USAID/Senegal's SO, including the appropriateness of some of our Special Initiatives and technical areas to program needs in Senegal - urban, quality, adolescent reproductive health, sustainability/leveraging/business development, and MAPS. Having an experienced Senegalese Resident Advisor helped SEATS understand the political, programmatic, and bureaucratic nuances of how to get programs and technical assistance accomplished in the country, and allowed SEATS to be a team player with USAID - providing important and valued assistance directly to the Mission. Some specific strengths included:

- Multi-disciplinary, French-speaking staff in Dakar and headquarters;
- Maximum use and development of local expertise;
- Skill in identifying needs and niches for SEATS' Special Initiatives (MAPS, Literacy, Urban) and emphasis technical areas (sustainability, quality);
- Good teamwork and coordination with local partners;
- Programmatic flexibility and rapid turn around of resources and activities, adapting to changing needs;
- Knowledge and understanding of the country, political environment, local issues and actors;
- Positive attitude and continuous effort to coordinate and collaborate with other CAs in country.

### Weaknesses

Given the uncertainty which accompanied a lack of long-term funding for implementation of SEATS' program activities in Senegal, it became increasingly difficult to ascertain how far SEATS should plan activities and what next steps would be if the financial resources were not available. In some cases SEATS' judgement was inaccurate, and SEATS was, perhaps, too accommodating to the Mission in agreeing to undertake the number and level of activities proposed.

Following a precipitous departure from Togo and arrival in Senegal, SEATS was anxious to plan, program and launch some activities in Senegal as quickly as possible. Some activities (i.e., ASBEF) may have been undertaken too quickly without sufficient analysis of constraints, potential pitfalls and previous track records. Also in an effort to accommodate local needs, SEATS may have taken on too many diverse activities at one time, with inadequate staff and funding.

An additional weakness, which remains difficult to assess thoroughly, is that SEATS field staff were not adequately trained and sensitized to the requirements of "performance-based programming and contracting." This new contracting approach for both USAID and SEATS has implications for field activities and operating styles which may have contributed to underestimating staffing and resource requirements for various field activities.

## *C. USAID: Responsiveness and Effectiveness*

On a technical level, USAID's support was generally excellent. The SO team worked well as a team, recognized and supported innovation, and was remarkably flexible in "enabling" things to happen, especially if there was outside funding. The SO team had a good grasp of the Senegal program and was able to define SEATS' role within it. They promoted CA collaboration. USAID provided high level support when visibility was important (e.g., workshops, discussions with NGOs) and did not micro-manage CA work. Disagreements were always discussed openly. Specifically:

- USAID's support has been critical to SEATS' success; however, frequent personnel changes have resulted in considerable time spent briefing USAID staff and confusion about decision-making;
- USAID has worked with SEATS in a transparent way, maintaining open dialogue and discussion; however, SEATS was asked by USAID to provide technical assistance to SANFAM on business development after SEATS submitted its annual work plan. Although SEATS was pleased to be able to provide this type of assistance and expertise, the Project did have to change its priorities, leading to difficulties in planning and implementing other on-going program activities in Senegal and to changes in its annual program budget.
- Field-support funding procedures limit effective implementation and planning given the annual nature of decisions about funding levels.
- USAID SO team had excellent technical skills that were made available to SEATS. They had a superb understanding of the Senegalese public health environment and in particular health policy. The USAID staff made a technical commitment to the CAs and assisted them in collaborative efforts.

## *D. USAID: Strengths and Weaknesses*

### Strengths

USAID's special strengths included cohesion of (successive) SO teams; developing and implementing excellent ongoing reporting mechanisms; openness to discussion; fostering CA collaboration; flexibility with CAs and work scopes; "reasonableness" in dealing with issues and questions; and good analysis. Every effort was made to provide funds needed for FY98. USAID remained focused on maternal child health/family planning/reproductive health, and kept the Government of Senegal's interest on these areas as well.

The USAID health and population staff helped SEATS' partner organizations with programmatic issues. For example, USAID provided support to some of the mayors' technical advisors in order to better understand the technical issues surrounding CBD and learn from other experiences found in Senegal. SEATS was extremely pleased with the Mission Director's initiative of meeting regularly with the health and population CAs to share program experiences, discuss technical or project difficulties and brainstorm on solutions. USAID tried to create and maintain an atmosphere of open collaboration and cooperation among the CAs and other partner organizations in Senegal.

### Weaknesses

USAID's strategic direction and plans, along with implementing personnel (CTO and SO team), changed frequently and rapidly, resulting in confusing and conflicting messages in direction and guidance, which impacted directly on CA performance. For example, with SANFAM/BD - an NGO funded by USAID for 10 years - a request was generated by the Mission for SEATS to provide medium-term technical assistance to address issues of satisfactory completion of PVO registration and fund-raising. SEATS began technical assistance assuming a needed time period of 2 years; and then was asked by USAID/Senegal Mission to close-out when less than 9 months of technical assistance had been given to the organization. Clearly, many program objectives could not be met.

Inconsistency in resource allocation (i.e., funding not following performance) was another problem. Failure to move resources from parts of the program which were not doing well to parts which were experiencing success inhibited chances for overall and/or sustained success in functional, performing program areas. Finally, coordination with other donors (World Bank, bilateral, etc.) could have been more focused and effective. CAs could have benefited from more support from USAID in seeking alternative resources through other donors. CAs usually do not have the on-going relationships with other donor agencies that USAID has; USAID playing this role would have made best use of local resources.

## *E. Collaboration among USAID-supported Contractors/ Grantees*

The collaboration among CAs was reasonably good under the circumstances (i.e., insecure funding, large number of CAs). In some areas and in some activities, collaboration was excellent and essential to getting the job done. USAID made good efforts to engage CAs with specific areas of action and with little overlap, and to promote and maintain collaboration. Some examples of both strong and weaker collaboration experiences include:

- Excellent collaboration took place between SEATS and Future's Group consultants and, to a lesser extent with MSH and PNPF for Urban Initiative activities;
- SEATS, AVSC and MSH worked together to refine a Quality Improvement strategy (EQUIPE) for use in Senegal; competitiveness was overcome, and the best elements of all programs were combined;
- Whenever SEATS needed data or research findings, Population Council staff were available and willing to provide assistance.

In some missions, the bilateral program is assigned the responsibility for organizing CA collaboration; in this case the USAID Mission undertook that responsibility directly. It was a successful approach, particularly since there were some tensions between the bilateral program and the supporting CAs.

On the other hand, as funding became tighter, there was a natural tendency for CAs to be protective of their work and their budgets, since they had to compete with other CAs for scarce resources. In an extremely resource poor environment, with funding decisions annualized, this is unavoidable. As a result, the interests and preoccupations of the CAs were not always a perfect match with the interests and needs of the country and program. It remains unclear if synergies or economies of scale could have been achieved by office sharing, joint planning, etc. There may have been some mechanisms to address efficiency and effectiveness of the CAs.

Ironically, since the spring of 1998, with the imminent closing of the program, the collaboration and sharing among CAs has improved dramatically. The efforts to share experiences and information (i.e., through the workshops organized by USAID) have been excellent.

# V. LESSONS LEARNED

## *A. Essential Lessons*

Based on project experience, SEATS believes it is most constructive to present essential lessons learned in two distinct categories: Operational Lessons and Programmatic/Technical Lessons.

## Operational Lessons

***Lesson 1:*** **Support at local levels, particularly municipalities and NGOs, in both political and health care systems is important to success.** There needs to be active engagement and empowerment at many levels early in the process and at various points as a precondition for continuing to move a program forward. It is better to start small, only with those groups or geographic areas which are "engaged" and build from there. Not only SEATS, but other CAs have had reasonable success working at local levels with government, municipalities and NGOs.

***Lesson 2:*** **USAID should not embark on another Population SO unless it is willing to develop a strategy to maintain longer term multi-year funding and technical assistance commitments.** Over the years, Senegal has received excellent "value for money" from its centrally-funded CAs, despite a tendency to switch between a philosophy of "consolidation" (diminishing numbers of CAs) and expansion (multiple CAs). Because of the need to have flexibility and alternatives/options if things do not work, it appears that Senegal may be better suited to multiple small-medium sized efforts than to one massive national program which relies on only one contractor and a few key contacts in the MOH. One advantage USAID has achieved through its CAs has been to broaden its constituency within the Senegalese health and political community. The USAID Mission has developed a number of reporting and planning systems which seem to make the management burden of multiple CAs reasonable. Moreover, if USAID and the GOS effectively set targets and parameters and monitor progress, then this approach offers broader programs and more control by USAID. However, USAID has currently lost some credibility because of its fluctuating levels of funding and commitment. USAID is still a large and powerful partner, but may be perceived as somewhat fickle by the Senegalese.

***Lesson 3:*** **USAID needs better systems (in Senegal as well as elsewhere) to evaluate the effectiveness and level of technical assistance the Agency receives.** The level of technical assistance provided has varied a great deal in quality. Senegal is both too sophisticated and too much in need of help to be a place for CAs with comparatively little experience in such settings. One way for USAID to monitor and assess the quality and flexibility of technical assistance is to make field site visits and receive direct, on-site feedback from implementing partner institutions. Technical assistance in very specific areas is what is needed, given the high level of local/national capabilities and institutional capacity within Senegal. Technical assistance must be provided in a careful and thoughtful way. SEATS continues to reflect upon what we have learned through our experience with ASBEF, and why that did not work. However, the related service providers and youth center went ahead without the assistance of ASBEF to achieve their own technical objectives which is an interesting side achievement.

## Programmatic/ Technical Lessons

***Lesson 4:*** **The value of SEATS' attention to process or methodology is an important lesson learned.** In the work being done with SANFAM/BD, a thoughtful and careful process has been developed to allow the institution to realize what its needs are, its potential, and what it can sell to others as an institution. It is the empowerment and data-driven process in SEATS' Urban Initiative work that has permitted mayors to take charge, advocate, design and develop appropriate health care services and approaches for their constituents. The quality process used by SEATS - CQI - and brainstorming about the process has, for the first time, allowed different levels of health personnel to identify mutual problems and issues and work on them together in a positive and creative style.

***Lesson 5:*** **SEATS has demonstrated the difficulty in achieving immediate results.** Changes in Contraceptive Prevalence Rate (CPR) and changes in service delivery take time. This is a concern for USAID/Senegal given the financial resources provided over the last 15 years to improve the CPR in Senegal. Other time consuming changes are for local institutions to move from donor-dependent to becoming self-sufficient organizations. USAID should consider more focus on medium or short-term results in the population sector.

***Lesson 6:*** **USAID should put additional monitoring in place for the program implementation carried out by CAs.** CAs should be held accountable for their work plans and the outcomes that they contribute to the results framework of the USAID Mission.

***Lesson 7:*** **Building local capacity during planning and implementation is essential for success and sustainability, including the transfer of responsibility along with skills development**. Capacity building includes building coalitions at district or local levels. Partnerships between different parts of the public sector and between private and public sectors can make a tremendous difference in the acceptance of a program; these partnerships can facilitate implementation as well as generate expanded interest in program objectives. There are untapped opportunities for working with the private sector and with elected officials that should be more systematically utilized.

*Lesson 8:* Youth have special needs which should be addressed in special programs which target males and females separately and are delivered through activities in their neighborhoods. Programs must respect religious and social-traditional norms and should strive to include parents. Individuals who deliver youth programs and services (i.e., ASBEF staff) should receive specialized training to be responsive to needs. Reproductive health programs for youth need to address a wide variety of issues including health, employment training and leisure, all of which impact heavily on the reproductive health of this segment of the population. (Note: Although the youth program lessons are cited here, each subproject or special activity in SEATS Senegal portfolio resulted in specific

technical lessons learned. These are found in the final reports prepared by the SEATS partner organizations).

## *B. Advice to Other Donors/ Contractors/ Grantees*

In general, to heed the lessons cited above, SEATS would advise that all programs continue to emphasize the participatory process and empowerment approach. Senegal is a country where technical assistance must be delivered with a most sensitive and appropriate approach; local institutions and individuals are extremely capable partners. CAs and donors all too often assume that they know what is needed, and justify it with assessments; but Senegal is far too complex (politically and bureaucratically) not to look deeper at social and political issues that will ultimately effect program success and sustainability. SEATS has had the great fortune to have as its Resident Advisor a Senegalese professional who has been able to politically, programmatically, and bureaucratically "work the system" and has been able to maximize achievements.

Technical assistance and other inputs need to be provided creatively, making programs challenging and interesting, worthwhile to the institution, and flexible - accommodating changing needs, personalities and priorities. Advisors and consultants need to be aware of the tremendous challenges in making differences in the Senegalese reproductive health service delivery situation; and they must look at alternative/creative approaches that can be used and which include and reinforce the empowerment or participatory types of TA provided by donors.

Additionally, in planning programs, CAs must produce, receive and/or agree upon clear, definitive and specific directions and guidance with USAID. It is important not to "over-plan" in order to respond to unanticipated changes or outcomes, but any planning is extremely difficult unless multi-year programmatic and funding commitments are in place. It is important to work with committed groups and have benchmarks for assessing commitment, even if it may result in not working with some key groups or in certain geographic areas, or pulling out of a non-performing project. Optimal program characteristics include a good mix of local and regional/expatriate talent; keeping channels of communication open with local government and USAID; remaining flexible; keeping focused on service delivery; and being rigorous in administration/financial management and oversight of local programs.